LAKE COUNTY COURT OF COMMON PLEAS DOMESTIC RELATIONS DIVISION

Request for Digital Audio Recording [Please Print Legibly]

Case Name:	
Hearing date(s):	
Judge Falkowski (check i	Judge) Magistrate Name:
Preferred Copy: CD (U.S. Mail);	CD (Pick up); Electronic (Email) (check only one)
	Name
	Street Address (will not be sent to P.O. Box)
	City, State, ZIP
	Phone Number
	Email address (only if requesting copy sent via email)
proceedings before the Court shall Court of Common Pleas, Domest actual postage will be charged. Very payment or your request to receive be available for pick-up, sent very (whichever is requested). An auditranscript of proceedings as requested.	esiring an electronic copy of the digital audio recording of complete this form and deliver same to the Lake County ic Relations Division. A fee of \$1.00 for each CD and Within approximately ten (10) business days of receiving e the file electronically, a copy of the audio recording will ia U.S. Mail, or will be sent electronically via email io recording will not serve as a substitute for a written lired by Lake County Domestic Relations Court's Local
Initials:	Date received:
	fee on date. Initials: